YOUTH IN CRISIS

Characteristics of 18–21 Year Olds Served by Covenant House Washington, DC's Crisis Center



YOUTH HOMELESSNESS

This report is part of an ongoing series of reports on the characteristics, needs, and outcomes of youth served by Covenant House at the Crisis Center.

We are grateful for the support of our research partner, Dr. Linda Plitt Donaldson and Dr. Mary Jeanne Verdieck of the National Catholic School of Social Service at the Catholic University of America. In addition, we would like to thank Executive Director Daniel Brannen, Larry Gold, and Athana Kontinos of Covenant House Washington and Elisabeth Lean of the Covenant House Institute.



Since 1972, **Covenant House International** has been providing residential and comprehensive support services to homeless, runaway and at–risk youth. Throughout our diverse network of 21 program sites in Canada, Latin America and the United States, Covenant House International assists 55,000 young people each year.

The **Covenant House Institute** is the research arm of Covenant House International. Through our engagement in collaborative, multi-disciplinary partnerships with academic institutions and other research organizations, the Institute seeks to raise the profile of homeless youth and foster positive, systematic change at the local, state and federal levels. To learn more about the Covenant House Institute, visit www.covenanthouse.org/research/research-institute.

Covenant House Washington was established in May 1995 to address widespread problems of homelessness and poverty among teenagers and young adults. With an open intake philosophy, CHW readily embraces those youth who take the first step to change their lives. No youth in crisis is ever turned away. To learn more about Covenant House Washington, visit www.covenanthousedc.org.

TABLE OF CONTENTS

Executive Summary	4–5
Overview	6
Findings	<i>7</i> –18
Demographic Profile	
Contextual Factors	
Health and Behavioral Factors	
Supports and Connections	
Discharge Characteristics	
Recommendations	19–23
Program/Practice	
Research	
Advocacy/Policy	
Tables	
Table I: Profile of Youth Served	7
Table II: Context in which Youth Sought Assistance	
Table III: Health and Behavioral Background of Youth	13
Table IV: Relationships and Connections of Youth	15
Table V: Characteristics of Youth upon Exit	
Appendix	24
Figure A: Contributing Factors Related to Homelessness	
Figure B: Reasons for Seeking Entry to the Crisis Center	
Figure C: Self-Identified Needs	

EXECUTIVE SUMMARY

Young people, ages 18–24, experiencing homelessness face numerous challenges which hinder their successful transition to adulthood including poverty, low educational attainment, unemployment, physical and sexual victimization, pregnancy and early parenthood, substance abuse, elevated mental health concerns and the absence of a familial safety net.¹ The multiplicity of, and interaction between, these factors makes these individuals a heterogeneous group in need of more than stable, affordable housing. There is widespread agreement that in order to best address their needs, an investment must be made to obtain better information about the characteristics of this population and the effectiveness of interventions designed to serve them.² Collaborative efforts between community–based organizations and research institutions play a vital role in this undertaking because they can greatly facilitate data analysis and the development of innovative strategies.³

In 2008, the Covenant House Institute was established as the research arm of Covenant House International. As part of the Institute's mission to engage in research that leads to greater understanding of our unique population, this report describes findings from our study conducted in partnership with the National Catholic School of Social Service at the Catholic University of America. The primary focus of this investigation was to provide an inclusive review of the baseline characteristics and outcomes among youth served by Covenant House Washington's Crisis Center. This information is essential to informing advocacy, program, and practice as well as identifying opportunities for future research. A brief synopsis of our findings is below.

Demographic Profile

The majority of those served by the Crisis Center were African–American (85%) and were from Washington, DC (79%). Sixty–three percent (63%) were females—44% of whom were young mothers. Half (51%) of all youth had a high school diploma/GED. These individuals were three and a half times more likely to be employed (25%) than their peers without secondary education credentials (7%). One—third (30%) had been placed in foster care or a residential facility. These individuals had entered care

¹ Shelton, K. H., Taylor, P. J., Bonner, A., & van den Bree, M. (2009). Risk factors for homelessness: Evidence from a population–based study. *Psychiatric Services*, 60(4): 465–472. doi:10.1176/appi.ps.60.4.465; Thompson, S. J., Bender, K., Windsor, L., Cook, M. S., & Williams, T. (2010). Homeless youth: Characteristics, contributing factors, and service options. *Journal of Human Behavior in the Social Environment*, 20(2), 193–217. doi:10.1080/10911350903269831; Toro, P. A., Dworksy, A., & Fowler, P. J. (2007). Homeless youth in the United States: Recent research findings and intervention approaches. *National Symposium on Homelessness Research*, 6–1 to 6–33.

² Altena, A. M., Brilleslijper, S. N., & Wolf, J. R. L. M. (2010). Effective Interventions for Homeless Youth: A Systematic Review. *American Journal of Preventive Medicine*, 38(6), 637–645. doi:10.1016/j.amepre.2010.02.017; Giffords, E. D., Alonso, C., & Bell, R. (2007). A Transitional Living Program for Homeless Adolescents: A case study. *Child Youth Care Forum*, 36(4), 141–151. doi:10.1007/s10566–007–9036–0; Slesnick, N., Dashoraa, P., Letchera, A., Erdema, G., & Serovicha, J. (2009). A Review of Services and Interventions for Runaway and Homeless Youth: Moving Forward. *Children and Youth Services Review*, 31(7), 732–742. doi:10.1016/j.childyouth.2009.01.006

³ Hatry, H. & Lampkin, L. (Eds.). (2001). An Agenda for Action: Outcome Management in Nonprofit Organizations. Washington, DC: The Urban Institute. Retrieved from http://www.urban.org/UploadedPDF/310348 ActionAgenda.pdf; Milofsky, C. (2006). The Catalyst Process: What Academics Provide to Practitioners. Nonprofit Management & Leadership, 16(4), 467–480. doi:10.1002/nml.121; Pew Partnership for Civic Change. (2003). University + Community Research Partnerships: A New Approach. Charlottesville, VA: Author. Retrieved from http://www.pew-partnership.org/pdf/university and community.pdf

between the ages of 5 and 15 and had two placements over the course of four to five years. One in two youth (49%) had been arrested at least once—32% of whom had been charged with a crime.

Contextual Factors

Seventy—two percent (72%) reported living with family/friends immediately before entering the Crisis Center. An additional 19% had come from either an emergency shelter or had been living on the streets—essentially one in five youth had experienced at least one previous episode of homelessness. Half (53%) of those seeking shelter identified conflict with parents as the top factor relating to their current state of homelessness, and 71% had been asked to leave their prior place of residence. Youth came to the Crisis Center with a range of needs extending from basic provisions such as shelter, food, and clothing to educational services and employment assistance.

Health and Behavioral Factors

One third (29%) indicated they had been diagnosed with a mental health disorder.⁴ Slightly more than one in four of these individuals had been hospitalized in a psychiatric facility. The most frequent mental health diagnoses included bipolar disorder (44%) and depression (38%). Sixty–four percent (64%) reported using marijuana within the last 12 months. Among individuals who had been diagnosed with a mental health disorder, 62% indicated they had used marijuana in the past year. One in two youth reported having been abused either physically, sexually, or both physically and sexually. Twenty–six percent (26%) had either run away from, or been pushed out of, their home prior to age 18.

Supports and Connections

Nearly every individual (96%) specified having at least one supportive relationship, the majority of which were with siblings (65.5%) or friends (66%). In reference to their relationships with their parents, 39% indicated they had a positive connection to one or both parents. One in two youth reported they attended church or a place of worship regularly or on occasion.

Discharge Characteristics

Only 10% returned to their prior living situation. The majority of individuals (41%) were discharged to temporary destinations, including temporary arrangements with family/friends, other crisis shelters, or other. Sixteen percent (16%) of individuals exited to permanent housing situations such as family reunification or supportive housing. One in three youth who had completed their secondary education prior to entering the Crisis Center had either maintained or obtained employment prior to exit. Forty–four percent (44%) of individuals who did not have a high school diploma/GED at intake had either remained or enrolled in school.

 $^{^4}$ The remaining 71% either had not been diagnosed with or screened for mental health disorders.



<u>Sample</u>

The sample included 120 youth between the ages of 18 and 21 who entered Covenant House Washington's Crisis Center from August 15, 2010 through May 14, 2011. The focus of the Crisis Center is on addressing the basic and immediate needs of youth. Individuals are provided with emergency shelter in a supervised, apartment—style setting and receive supportive services in the areas of education, employment, health care, housing, and transportation.

Instruments and Data Management

Data was obtained from the intake, comprehensive, and discharge assessments. All client information is directly entered into Covenant House Washington's electronic file system. Intake and discharge assessments are conducted upon entry and exit from the program. The comprehensive assessment is completed within 72 hours of an individual's entry into the Crisis Center and takes an average of two to three hours to complete. Information for this report was drawn from the following data fields: demographics, admission information, prior living situation, documentation needs, self—identified needs, public assistance needs, employment status, educational attainment and enrollment, physical and sexual abuse, foster care/residential placement, legal, run away and pushed/forced out of the home history, health and mental health, substance use, and supports and connections. Data was exported from the system, converted into a CSV file, and uploaded into SPSS for statistical analysis.

Limitations

The overall sample was limited to youth whose intake and psychosocial assessments were completed. Of the 120 records that were analyzed for this study, three were excluded due to duplication. Thus, for these three individuals, data was drawn from their most recent intake and psychosocial assessments. With regard to completed discharge assessments, 91 youth exited the Crisis Center on or prior to May 14, 2011. Analysis of data for the 29 individuals who remained in the program upon conclusion of the study period indicated that males (48%) and females (52%) were equally represented among this group in comparison to the discharge sample (i.e., males: 33% and females: 67%). Furthermore, it should be noted that all information came from self—reported data that was entered into Covenant House Washington's electronic file system. As such, the data is subject to both reporter and recorder biases.

Layout

Findings from this study have been divided into five sections: demographic profile, contextual factors, health and behavioral factors, supports and connections, and discharge characteristics.

Covenant House Washington

Page 6

FINDINGS

Demographic Profile

Table I: Profile of Youth Served

	Females		Males		Total	
	n	%	n	%	N	%
Gender	76	63%	44	37 %	120	100%
Age ⁵	76	63%	44	37 %	120	100%
18	29	38%	6	14%	35	29%
19	14	18%	10	23%	24	20%
20	20	26%	16	36%	36	30%
21	13	17%	12	27%	25	21%
Race/Ethnicity ⁶	76	63%	44	37 %	120	100%
African-American	65	85.5%	37	84%	102	85%
Caucasian	2	3%	1	2%	3	2.5%
Hispanic/Latino	3	4%	3	7%	6	5%
Other	6	8%	3	7%	9	7.5%
Has Children	73	63.5%	42	36.5%	115	100%
Tido Cilida Cil	32	44%	10	24%	42	36.5%
Residence ⁷	70	62%	43	38%	113	100%
Maryland	10	14%	10	23%	20	18%
Marylana Other	4	6%	0	23% 0%	20 4	3.5%
Washington, DC	56	80%	33	77%	89	79%
· .						
Wards	56	63%	33	37 %	89	100%
1–6	1 <i>7</i>	30%	13	39%	30	34%
7–8	39	70%	20	61%	59	66%
Educational Attainment & Enrollment	75	63 %	44	37 %	119	100%
H.S. Diploma/GED	3 <i>7</i>	49%	24	54.5%	61	51%
No H.S. Diploma/GED	38	51%	20	45.5%	58	49%
H.S. Diploma/GED	37	61%	24	39%	61	100%
Not Enrolled in School	27	73%	22	92%	49	80%
Enrolled in School	10	27%	2	8%	12	20%
No H.S. Diploma/GED	38	65.5%	20	34.5%	58	100%
Not Enrolled in School	27	71%	14	70%	41	71%
Enrolled in School	11	29%	6	30%	1 <i>7</i>	29%
Employment & Educational Attainment	74	63%	44	37 %	118	100%
Unemployed	65	88%	34	77%	99	84%
Employed	9	12%	10	23%	19	16%
H.S. Diploma/GED	36	60%	24	40%	60	100%
Unemployed	29	81%	16	67%	45	75%
Employed	7	19%	8	33%	15	25%
No H.S. Diploma/GED	37	65%	20	35%	57	100%
Unemployed	35	95%	18	90%	53	93%
Employed	2	5%	2	10%	4	7%
History of Foster Care/Residential Placement	75	63%	44	37 %	119	100%
•	21	28%	15	34%	36	30%
Been Arrested	74	63%	44	37 %	118	100%
-	30	40.5%	28	64%	58	49%

<sup>Due to rounding, the cumulative percentage for females equals 99%.
Due to rounding, the cumulative percentage for females equals 100.5%.
Due to rounding, the cumulative total percentage equals 100.5%.</sup>

Gender, Age, and Race/Ethnicity. Females represented nearly two thirds (63%) of the population and were more likely to be 18–19 years old (56%) whereas males were more likely to be 20–21 years of age (63%). The majority of entrants to the Crisis Center were African–American (85%) followed by those who identified as multi–racial (7.5%), Hispanic/Latino (5%), and Caucasian (2.5%).

Young Parents. Slightly more than one in three youth (36.5%) had at least one child, 68% of whom had their children living with them. Females were nearly twice as likely to report having a child (44%) than males (24%). In addition, 9% of females indicated they were pregnant at time of intake. Of these seven young women, four already had one child.

Residency and Citizenship. Most individuals (79%) were from DC; two in three of whom lived in Wards 7 and 8. An additional 18% of those served were Maryland residents. Nearly all (97%) identified themselves as U.S. citizens, and the remaining 3% reported having permanent residency status.

Educational Attainment and Enrollment. Fifty—one percent (51%) had already received their high school diploma/GED prior to entering the Crisis Center. Of those who had not completed their secondary education, most (45%) had finished the 11th grade. Twenty—nine percent (29%) of these individuals were enrolled in school at intake compared to their peers who had completed their secondary education (20%). Among the 41 individuals who were not enrolled in school and had not received their high school diploma/GED, the two most common reasons cited for non—enrollment were personal choice (33%) and pregnancy (24%). However, 36 of these individuals expressed an interest in either returning to school, preparing for the GED, or both. Regardless of educational status, relatively few individuals reported having a learning disorder or having been enrolled in remedial/special education classes. Furthermore, it is important to note that close to half (46%) of all those served reported an interest in engaging in educational activities.

Employment Status and Educational Attainment. Four in five individuals had been employed at some time in their lives with the majority having held a part—time position (45%) for two to six months (49%). The majority of entrants to the Crisis Center were unemployed (84%) at intake. Approximately one in three of these youth had not worked in the past two years. Those with a high school diploma/GED were three and half times more likely to be employed (25%) than their peers without secondary education credentials (7%). Of the 19 individuals with jobs, 15 were employed on a part—time, seasonal, or temporary basis. The experiences of individuals served by Covenant House Washington reflect the

broader context of unemployment among youth. As of 2010, 43% of the District's 16–21 year olds were unemployed compared to an overall unemployment rate of 72% among youth living in Wards 7 and 8.8

Foster Care and Residential Placement. Most individuals (70%) had not been placed in foster care or a residential facility. With regard to the 30% of system—involved youth, the majority had been in foster care (78%). On average, these individuals had entered care between the ages of 5 and 15 and had two placements over the course of four to five years.

Legal History. Forty—nine percent (49%) of youth had been arrested at least once. Males were one and a half times more likely to have been arrested (64%) than females (40.5%). Of those who had been arrested, two in three had been charged with a crime. Of the 37 individuals who had been charged, approximately three in five had been convicted of committing a crime. More than half of these youth (54.5%) were either on probation or parole.

⁸ U.S. Census Bureau. (2011). Table B23001: Sex by age by employment status for the population 16 years and over. In 2010 American Community Survey. Washington, DC: Author.

Contextual Factors

Table II: Context in which Youth Sought Assistance

	Females		Males		Total	
	n	%	n	%	N	%
Gender	76	63%	44	37 %	120	100%
Number of Intakes	76	63%	44	37 %	120	100%
One Two	63 13	83% 17%	36 8	82% 18%	99 21	82.5% 17.5%
Top Identified Factors Related to Homelessness ⁹	62	63%	36	37 %	98	100%
Conflict with Parent/Guardian Conflict with Other Household Member	36 9	58% 14.5%	16 6	44% 17%	52 15	53% 15%
Conflict with Other Household Member	9	14.5%	0	17%	15	15%
Top Identified Reasons for Seeking Entry ¹⁰	74	63%	44	37 %	118	100%
Asked to Leave	56	76%	28	64%	84	71%
Family Conflict	18 12	24% 16%	10 12	23%	28 24	24% 20%
No Financial Resources/Evicted	12	10%	12	27%	24	20%
Living Situation in the Past Week						
(Prior to Seeking Entry into the Crisis Center) ¹¹	74	63%	44	37 %	118	100%
Family/Friends	58	78%	27	61%	85	72%
Non-Housing	7	9.5%	7	16%	14	12%
Emergency Shelter	5	7%	3	7%	8	7%
Other Job Corps	1 3	1% 4%	6 1	1.4% 2%	7 4	6% 3%
Too Salk Identified Name 12	75	63%	44	37%	110	100%
Top Self-Identified Needs ¹² Employment	73 44	59%	44 28	37 % 64%	11 9 72	60.5%
Food	22	29%	20	45.5%	42	35%
Education	17	23%	12	27%	29	24%
Clothing	15	20%	12	27%	27	23%
Child Care	32	76 %	10	24%	42	100%
	10	31%	1	10%	11	26%
Documentation Needs						
Birth Certificate	<i>7</i> 5	63%	44	37 %	119	100%
	11	15%	8	18%	19	16%
Social Security Card	74	63%	43	37 %	11 <i>7</i>	100%
	12	16%	13	30%	25	21%
Non–Driver's ID Card	73	62 %	44	38%	11 <i>7</i>	100%
	32	44%	17	39%	49	42%
Driver's License/Learner's Permit	67	61%	43	39%	110	100%
	55	82%	42	98%	97	88%
Voter Registration	73	63%	43	37 %	116	100%
	31	42.5%	21	49%	52	45%

Intakes. For the majority of youth (82.5%), this was their first entry into the Crisis Center. The remaining 17.5% had been in the program once prior. Information pertaining to the number of intakes is important as it may be indicative of the lack of affordable housing options and appropriate supportive services that are available to 18–21 year olds who are experiencing homelessness during the transition to adulthood.

Top Identified Factors Related to Homelessness and Reasons for Seeking Entry. Fifty—three percent (53%) of individuals identified conflict with parents as the top factor relating to their current state of

⁹ The cumulative percentages do not equal 100% as multiple responses were allowed. All responses and their subsequent percentages can be found in Figure A.

¹⁰ The cumulative percentages do not equal 100% as multiple responses were allowed. All responses and their subsequent percentages can be found in Figure B.

 $^{^{11}}$ Due to rounding, the cumulative percentage for females equals 99.5%.

¹² The cumulative percentages do not equal 100% as multiple responses were allowed. All responses and their subsequent percentages can be found in Figure C.

homelessness. Females were more likely to report this factor (58%) than males (44%), and 57% of individuals with children cited conflict with parents as relating to their current state of homelessness in comparison to 49% of their non–parenting peers. An additional 15% mentioned conflict with another household member as a factor contributing to their current state of homelessness. Seventy–one percent (71%) of those seeking shelter had been asked to leave their prior place of residence. Non–parenting females were more likely to report having been asked to leave (82.5%) than their peers with children (66%). Twenty–four (24%) of those served reported seeking entry due to family conflict, and 20% came to the Crisis Center either because they had been evicted or did not have the financial resources needed to obtain housing.

Prior Living Situation. Almost three–quarters (72%) of individuals reported living with family/friends immediately before entering the Crisis Center. An additional 19% had come from either an emergency shelter or had been living on the streets—essentially one in five youth had experienced at least one previous episode of homelessness. The remaining 9% reported other prior living arrangements such as multiple settings (i.e. one or more locations), domestic violence situations, foster care, and Job Corps. With regard to differences between genders, in the week immediately prior to seeking entry into the Crisis Center, females were more likely to have lived with family/friends (78%) than males (61%). Conversely, males were more than one and half times more likely to have been living on the streets (16%) compared to females (9.5%). Eighty—four percent (84%) of young parents resided with family/friends in the week prior to entering the Crisis Center in comparison to 65% of their non—parenting peers. Moreover, youth without children were twice as likely to have come from either an emergency shelter or a non—housing setting (22%) than young mothers and fathers (12%).

Top Self-Identified Needs. Youth came to the Crisis Center with a range of needs including basic provisions such as shelter (99%), food (35%) and clothing (23%). One in four identified needing educational services. Among the 41 individuals who had not obtained their high school diploma/GED and were not enrolled in school, 17 did not indicate being in need of educational supports. Three in five reported needing employment assistance, but among those who were unemployed at intake, 36 did not specify this as one of their needs. These two factors highlight that youth would likely benefit from services that extend beyond their self-identified needs. With regard to parenting individuals, one in four reported needing child care. Mothers were more likely to indicate this need (31%) than fathers (10%).

Documentation Needs. Obtaining government—issued proof of identity is essential to ensuring youth have the appropriate supporting documents that are needed in order to obtain employment, secure housing,

and access additional resources. At intake, 16% of individuals indicated that they needed to obtain a copy of their birth certificate. While one in five needed to obtain a Social Security card, it should be noted that the percentage of males (30%) was nearly twice that of females (16%). Forty—two percent (42%) specified that they needed to obtain a non–driver's ID card. Overwhelmingly, 88% of individuals reported being in need of a driver's license or learner's permit with all but one male indicating as such. In addition, it is important to recognize that slightly less than one in two youth were not registered voters.

Health and Behavioral Factors

Table III: Health and Behavioral Background of Youth

	Females		Males		Total	
	n	%	n	%	N	%
Gender	76	63%	44	37 %	120	100%
Health Insurance	75	63%	44	37%	119	100%
Medicaid/Public Insurance	60	80%	30	68%	90	76%
Not Specified	2	3%	4	9%	6	5%
Uninsured	13	17%	10	23%	23	19%
Mental Health Disorder	73	63%	43	37 %	116	100%
	20	27%	14	33%	34	29%
Diagnosis ¹³	20	59%	14	41%	34	100%
Bipolar Disorder	11	55%	4	29%	15	44%
Depression	7	35%	6	43%	13	38%
Not Specified/Other	4	20%	4	29%	8	23.5%
Substance Use						
Alcohol Use in the Past Year	53	56%	42	44%	95	100%
	12	23%	3	7%	15	16%
Marijuana Use in the Past Year	51	54%	43	46%	94	100%
·	32	63%	28	65%	60	64%
History of Abuse						
Physical Abuse	73	62 %	44	38%	11 <i>7</i>	100%
	32	44%	9	20.5%	41	35%
Sexual Abuse	74	63%	44	37 %	118	100%
	34	46%	0	0%	34	29%
Out of Home History						
Run Away from Home	73	63%	43	37 %	116	100%
• • • •	17	23%	2	5%	19	16%
Pushed/Forced Out of Home	73	62%	44	38%	11 <i>7</i>	100%
•	15	20.5%	2	4.5%	1 <i>7</i>	14.5%

Health Insurance. Four in five individuals had health insurance. Among those with insurance, nearly all were covered by Medicaid or had other public insurance. Although the percentage of males with insurance was slightly lower (77%) than females (83%), young mothers were more likely to be insured (91%) compared to non–parenting females (77.5%). Additional information is needed to determine how many of these individuals' children had health care coverage.

Mental Health. Twenty-nine percent (29%) of youth indicated they had been diagnosed with a mental health disorder.¹⁴ Slightly more than one in four of these individuals had been hospitalized in a psychiatric facility. The most frequent mental health diagnoses included bipolar disorder (44%) and depression (38%).

Substance Use. Whereas 15% of youth reported using alcohol in the past year, 64% indicated they had used marijuana within the last 12 months. Despite this high percentage, 88% stated they did not have a

 $^{^{\}rm 13}$ The cumulative percentages do not equal 100% as multiple responses were allowed.

¹⁴ The remaining 71% either had not been diagnosed with or screened for mental health disorders.

substance abuse problem and were not interested in substance abuse treatment services. However, 22% of all individuals who had used marijuana in the past year had received inpatient/outpatient treatment services. In addition, 62% of individuals who reported using marijuana in the past year had been diagnosed with a mental health disorder.

Physical Abuse. Thirty–five percent (35%) of individuals indicated they had been physically abused. Females were more than twice as likely to have been physically abused (44%) than males (20.5%). On average, those with a reported history of physical abuse had first been abused between 10 and 15 years of age and had been abused multiple times by a relative. Although not statistically significant, individuals who had been physically abused were more likely to have been diagnosed with a mental health disorder (37.5%) compared to their peers who had no history of physical abuse (24%).

Sexual Abuse. Females accounted for all victims of sexual abuse with 46% of all young women reporting having been sexually abused. Overall, these individuals had first been abused between the ages of 5 and 10 and had been abused multiple times by a relative. Forty—one percent (41%) of females with a reported history of sexual abuse had been diagnosed with a mental health disorder in comparison to their non—sexually abused counterparts (16%). Furthermore, 15% of young women reported having been both physically and sexually abused.

Run Away from Home. Sixteen percent (16%) of youth had run away from home prior to age 18 with females having been more than four times as likely to have run away (23%) than males (5%). Three in four of these young women had been physically abused in comparison to their peers who had not run away from home (31.5%). On average, those with a reported history of running away had first done so between 12 and 17 years of age and had remained away from home on three or more occasions.

Pushed/Forced Out of Home. Only 14.5% of individuals indicated they had been pushed out of the home prior to age 18; females were more than four times as likely to have been forced out their homes (20.5%) compared to males (4.5%). Moreover, young mothers were more likely to have been pushed out of the home (85%) than non–parenting females (33%). Overall, young women with a history of being forced out of their homes had first been pushed out between the ages of 12 and 17 and had experienced this situation on three or more occasions.

Supports and Connections

Table IV: Relationships and Connections of Youth

	Females		Males		Total	
	n	%	n	%	N	%
Gender	76	63%	44	37%	120	100%
Relationship with Mother ¹⁵	62	63%	37	37 %	99	100%
Negative/No Relationship	29	47%	14	38%	43	43%
Positive	15	24%	16	43%	31	31%
Neutral	18	29%	7	19%	25	25%
Relationship with Father ¹⁶	63	64%	35	36%	98	100%
Negative/No Relationship	42	67%	20	57%	62	63%
Positive	8	13%	13	37%	21	21%
Neutral	13	21%	2	6%	15	15%
Relationship with Mother and Father ¹⁷	53	63%	31	37 %	84	100%
Negative/No Relationship with Both	22	41.5%	9	29%	31	37%
Negative with Mother or Father	1 <i>7</i>	32%	12	39%	29	34.5%
Positive with Mother or Father	12	23%	9	29%	21	25%
Positive with Both	4	7.5%	8	26%	12	14%
Positive Relationship with One Sibling	70	64%	40	36%	110	100%
,	45	64%	27	67.5%	72	65.5%
Positive Relationship with One Grandparent	45	56%	35	44%	80	100%
·	19	42%	1 <i>7</i>	49%	36	45%
Positive Relationship with One						
Extended Family Member	67	61%	43	39%	110	100%
Extended Funnity Member	22	33%	16	37%	38	34.5%
	22		10		30	
Positive Relationship with One Friend	57	59 %	39	41%	96	100%
	37	65%	26	67%	63	66%
In a Relationship with a Significant Other	62	66%	32	34%	94	100%
, ,	33	53%	12	37.5%	45	48%
Positive Relationship	33	73 %	12	27 %	45	100%
•	25	76%	8	67%	33	73%
Number of Positive Relationships ¹⁸	69	66%	36	34%	105	100%
None	2	3%	2	6%	4	4%
One	27	39%	7	19%	34	32%
Two	11	16%	7	19%	18	17%
Three	16	23%	8	22%	24	23%
Four or More	13	19%	12	33%	25	24%
Attends Church/Place of Worship	75	64 %	43	36 %	118	100%
Regularly/On Occasion	40	53%	20	46.5%	60	51%

Relationships. While almost every individual (96%) specified having at least one supportive relationship, the majority of these connections were with siblings (65.5%) and friends (66%). Forty–five percent (45%) indicated they had a positive connection to one grandparent, and 34.5% reported having a close relationship with an extended family member. One in two youth indicated they were involved with a significant other, with females having been more likely to be in a relationship (53%) than males (37.5%).

 $^{^{15}}$ Due to rounding, the cumulative total percentage equals 99%.

¹⁶ Due to rounding, the cumulative percentage for females equals 101%, and the cumulative total percentage equals 99%.

¹⁷ The cumulative percentages do not equal 100% given that there were multiple configurations for this category.

¹⁸ Due to rounding, the cumulative percentage for males equals 99%.

With reference to their relationships with their parents, 31% reported a positive connection to their mothers whereas 21% had a supportive relationship with their fathers. Thirty—nine percent (39%) of individuals indicated they had a positive connection to one or both of their parents. Males were more likely to report having supportive relationships with at least one parent (55%) than females (30.5%). However, young parents were less likely to have a close connection to one or both parents (24%) compared to their non—parenting peers (45.5%).

One Positive Connection. Among those who reported having at least one supportive relationship, it should be noted that 34 of these individuals only had one supportive relationship. None of these youth had a positive connection to either parent, and just four indicated having a supportive relationship with either a grandparent or extended family member. Thus, the vast majority of positive relationships among this segment of youth were to other young people: significant others (19%), friends (33%), and siblings (36%). This suggests that these individuals lack supportive connections to older adults who can serve as mentors/role models.

Religious Involvement. One in two youth reported they attended church or a place of worship regularly or on occasion. These individuals were less likely to have a positive connection to one or both of their parents (33%) in comparison to their peers who did not attend church or a place of worship (44%). Although not statistically significant, youth who reported having only one supportive relationship were more likely to attend church or a place of worship (64%) than individuals who had at least two positive connections (45.5%). This may mean that churches and other places of worship foster youth's sense of belonging to their community and connect them to members of the congregation who can serve as additional sources of support.

Discharge Characteristics

Table V: Characteristics of Youth upon Exit

	Females		Males		Total	
	n	%	n	%	N	%
Gender	61	67 %	30	33%	91	100%
Length of Stay	46 days		40 days		44	days
Returning to Prior Living Situation	59 5	67% 8.5%	29 4	33% 14%	88 9	100% 10%
Discharge Type and Destination ¹⁹ Permanent—Family Reunification Permanent—Supportive Housing Program Permanent—Other	61 10 0 2	67% 16% 0% 3%	30 1 2 0	33% 3% 7% 0%	91 11 2 2	100% 12% 2% 2%
Temporary–Family/Friends Temporary–Other Crisis Shelter Temporary–Other	19 7 0	31% 11.5% 0%	4 7 1	13% 23% 3%	23 14 1	25% 15% 1%
Transitional—Rights of Passage (ROP) Transitional—Other Housing Program	1 2	2% 3%	2 0	7% 0%	3 2	3% 2%
Self–Discharge	20	33%	13	43%	33	36%
Enrollment Status (No H.S. Diploma/GED) ²⁰	30	70 %	13	30 %	43	100%
Not Enrolled Enrolled	22 8	73% 27%	10 3	77% 23%	32 11	74% 26%
Discharge Not Enrolled Enrolled	16 14	53% 47%	8 5	61.5% 38.5%	24 19	56% 44%
Employment Status (H.S. Diploma/GED) ²¹	27	71 %	11	29 %	38	100%
Intake Unemployed Employed	22 5	81.5% 18.5%	8 3	73% 27%	30 8	79% 21%
Discharge Unemployed Employed	20 7	74% 26%	6 5	54.5% 45.5%	26 12	68% 32%

Length of Stay. The number of days individuals remained in the program ranged from 2 to 142 days with an average length of stay of 44 days. The average length of stay among males was slightly less (40 days) compared to that of females (46 days). Young mothers had an average length of stay that was two and a half weeks longer (56 days) than non-parenting females (38 days). Information pertaining to the number of days individuals remain in the program is important as it may indicate the extent of their needs, the personal factors that contributed to their current experience of homelessness, and the difficulty of finding safe and appropriate housing accommodations prior to discharge.

Discharge Type and Destination. Only 10% returned to their prior living situation. The majority of individuals (41%) were discharged to temporary destinations, including temporary arrangements with

 $^{^{19}}$ Due to rounding, the cumulative percentages equal the following: 99.5% (females), 99% (males), and total (98%).

²⁰ Data is only presented in reference to individuals who did not have a high school diploma/GED upon entry into the Crisis Center. As discussed in Section I, youth who had completed their secondary education prior to intake were less likely to be enrolled in school.

21 Data is only presented in reference to individuals who had obtained a high school diploma/GED prior to entering the Crisis Center. As discussion in Section I,

youth without secondary education credentials were less likely to be employed.

family/friends, other crisis shelters, or other. Males were twice as likely to be discharged to other crisis shelters (23%) than females (11.5%) whereas females were more than two times as likely to be discharged to live temporarily with family/friends (31%) than males (13%). Sixteen percent (16%) of youth exited to permanent housing situations such as family reunification or supportive housing. Females were five times more likely to reunite with their families (16%) than males (3%). Upon discharge, only five youth were enrolled in a transitional housing program like Covenant House's Rights of Passage. Individuals with a classification of self-discharge terminated their involvement in the Crisis Center. Thirty-six percent (36%) of youth fit into this category.²²

Change in Enrollment Status among Individuals who were without a H.S. Diploma/GED at Intake. Of the 43 individuals who entered the Crisis Center without having obtained a high school diploma/GED, 11 (26%) were enrolled in school at intake. By comparison, upon exit from the program, an additional eight individuals were enrolled in school bringing the total percentage to 44%. Among the 19 youth in school at discharge, the majority (63%) were enrolled in a GED program.

Change in Employment Status among Individuals who had a H.S. Diploma/GED upon Intake. With regard to the 38 individuals who had completed their secondary education prior to entering the Crisis Center, eight (21%) were employed at intake. Upon discharge, four more of these individuals had obtained employment bringing the total percentage to 32%. Among the 12 youth employed at program exit, all but one were working part—time (92%).

²² Additional data analysis yielded little information as to what may differentiate these youth from those who discharge to either permanent, temporary, or transitional settings. Although not statistically significant, individuals who had been diagnosed with a mental health disorder and females with a reported history of sexual abuse were more likely to self–terminate their involvement in the Crisis Center. Further research is needed to identify and address possible reasons these youth are leaving the program (e.g., non–compliance, structure, needs, etc.).

RECOMMENDATIONS

Program/Practice

- Assess individuals' supportive connections to older adults in order to determine which individuals may benefit from family reunification services. Among those who exited the program prior to or upon conclusion of this study, 82% indicated they had a positive connection to a parent, grandparent, or extended family member. However, only 17% of these individuals were permanently reunited with their families, thus raising two questions: a) are these relationships sources of strength, and b) if so, what services should be provided to youth and their families to facilitate individuals' ability to reconnect with family members on a more permanent basis? In addition, given that 11 of the 14 youth who exited the program to live temporarily with family/friends reported having a supportive relationship with an older adult, it should be assessed whether these arrangements have the potential to turn into permanent living situations if additional intervention and after—care services were provided.
- Provide targeted trauma resources to young women affected by sexual abuse. Nearly one in two (46%) females reported having been sexually abused, 13% of whom mentioned sexual abuse as a factor contributing to their current state of homelessness. In addition, 85% of these young women indicated they had been asked to leave their prior place of residence. Although this topic needs to be further probed, it is important to note that the majority of these females had previously stayed with family/friends (76.5%). Moreover, 41% of females with a reported history of sexual abuse had been diagnosed with a mental health disorder compared to 16% of young women who had not been sexually abused. Taken together, these factors highlight the need for intervention services that address the emotional and psychological issues associated with untreated trauma.
- Ensure each individual who does not have a high school diploma/GED at intake completes their secondary education. Of the 58 individuals who did not have a high school diploma/GED upon entering the Crisis Center, 41 were not enrolled in school. However, 36 of these youth expressed an interested in completing their secondary education. In light of our increasingly information—based economy, those who do not pursue additional educational opportunities are at a great disadvantage. Thus, efforts should be made to identify obstacles that inhibit individuals from

completing their secondary education such as undiagnosed learning and mental health disorders, pregnancy and early parenthood and prior academic under-performance.

• Address the widespread use of marijuana among youth experiencing homelessness. Sixty—four percent (64%) of individuals reported using marijuana in the past year. Despite this high percentage, 88% of these individuals indicated they did not have a substance abuse problem and were not interested in substance abuse services. This is not surprising in light of the following finding by the Substance Abuse and Mental Health Services Administration (SAMHSA): over 95% of 18–25 year olds who needed treatment for illicit drug/alcohol dependence/abuse reported they did not receive care because they felt it was not necessary.²³ This highlights the need to address the physical, psychological, social, economic and legal consequences of marijuana use in the context within which young people are experiencing them—the transition to adulthood.

Research

- Examine the dynamics of the family environment. Upon entry into the Crisis Center, 53% identified conflict with parents as the primary factor related to their current state of homelessness. More than half (53%) of these individuals had reported being physically, sexually, or physically and sexually abused, and one in three (33%) had either run away from, been pushed out of, or run away from and been pushed out of the home. In addition, these youth were less likely to indicate having a positive connection to one or both parents (31%) compared to their peers (52%). Further research is needed to examine the inter–relationships between these factors in order to understand how these interactions play out over time and figure into individuals' experiences of homelessness.
- Identify possible factors that contribute to youth having multiple stays at the Crisis Center. For one in six individuals, this was their second entry into the Crisis Center. Although no differences were detected between youth with one and two intakes with regard to factors related to homelessness, reasons for seeking entry, and prior living situation, individuals with more than one intake were more likely to have been diagnosed with a mental health disorder, have a reported history of sexual abuse, and have zero to one supportive relationships. In order to understand the factors that may contribute to individuals having multiple intakes into the program, future avenues for research include: a) utilizing a larger sample size and comparing youth on the basis of their

²³ Substance Abuse and Mental Health Services Administration, Office of Applied Statistics. (2010). Results from the 2009 national survey on drug use and health: Detailed tables. Rockville, MD.

number of intakes, and b) examining the prior intake and discharge records of those who had at least one prior stay in the Crisis Center.

- Investigate the characteristics of individuals who were either non-housed or living in an emergency shelter prior to intake. Prior to entering the Crisis Center, 19% of youth had been residing in an emergency shelter or living on the streets. In essence, one in five individuals had experienced at least one additional episode of homelessness. These youth were more likely to have completed their secondary education, been employed at intake, and have a positive connection to at least one parent in comparison to those who had lived with family/friends prior to intake. Additional research is needed to assess these individuals' possible trajectories into homelessness given that they are more likely than their counterparts to have a high school diploma/GED, employment and a supportive relationship to one or both of their parents.
- Explore why one in three youth self-discharge from the program. Thirty-six percent (36%) of individuals terminated their involvement in the Crisis Center. Additional data analysis yielded limited information as to what may differentiate these youth from those who discharge to either permanent, temporary, or transitional settings. However, the following findings should be taken into consideration with reference to further research on this topic: individuals who had been diagnosed with a mental health disorder, females with a reported history of sexual abuse, and those between the ages of 18 and 19 were more likely to self-discharge.²⁴ In addition, these youth remained in the program for 36 days (five weeks) whereas individuals exiting to all other destinations had an average length of stay of 48 days (seven weeks). Further research is needed to identify and address possible reasons these youth are leaving the program (e.g., non-compliance, need for different structure, unmet needs, etc.). With a larger sample size, these individuals could be compared to those who exit to permanent, temporary, and transitional settings with the aim of identifying those who may have a propensity to terminate their involvement.

Advocacy/Policy

Increase funding for transitional living/housing programs for youth. The findings in this report
highlight the myriad of obstacles encountered by youth affected by homelessness. As such, it is
important to recognize that their level of need extends far beyond access to housing and case
management services. Transitional living/housing programs, such as Covenant House Washington's

²⁴ Mental health disorder (yes: 48%; no: 31%), female reported history of sexual abuse (yes: 42%; no: 24%), and age (18–19: 46%; 20–21: 27%).

Rights of Passage (ROP) program, were specifically designed to meet the unique needs of youth experiencing homelessness during the transition to adulthood. Individuals served by these programs are provided with comprehensive and developmentally appropriate services within a residential setting. The purpose of these programs is twofold: a) to ensure youth develop the skills needed to live independently, and b) to prevent these individuals from experiencing long—term, chronic homelessness. However, analysis of data obtained from the National Extranet Optimized Runaway and Homeless Youth Management Information System (NEO—RHYMIS) from October 1, 2010 to September 30, 2011 reveals that for every one youth served by a transitional living program, two are turned away.²⁵

Recognize young mothers who are homeless as a distinct sub-population among homeless families. Young mothers accounted for 44% of all females entering the Crisis Center, thus providing an opportunity to identify and examine differences in the characteristics and needs of this population in comparison with non-parenting females. Overall, no significant differences were found among these two groups with regard to factors contributing to homelessness, reasons for seeking assistance, prior living situation, employment status, level of educational attainment, physical and sexual abuse history, and systems placement suggesting that there are a separate set of challenges associated with early parenthood and homelessness. Further analysis of data revealed that young mothers' average length of stay in the Crisis Center (56 days) was two and a half weeks longer than that of non-parenting females (38 days). Upon discharge from the program, they were more likely to exit to temporary destinations (60%) compared to females without children (33%). Collectively, these differences bring to light that young women with children are a distinct sub-population apart from non-parenting youth who are in need of longterm permanent housing options. In addition, although the Temporary Aid to Needy Families (TANF) program provides financial assistance to low-income families with children, only one young mother was participating in the program upon entering the Crisis Center. Given that TANF funds can be used to pay for housing, education, employment training, and child care, efforts should be made to enroll eligible young mothers in this program as a means to enhance their ability to access supports and services that foster their productive pursuit of independence.

²⁵ This data pertains only to programs funded by the U.S. Department of Health and Human Services via the Runaway and Homeless Youth Act (RHYA). Transitional living programs administered through RHYA serve individuals ages 16–21. Data was obtained on January 30, 2012 from the following internet database: U.S. Department of Health and Human Services, National Extranet Optimized Runaway and Homeless Youth Management Information System (NEO–RHYMIS). (n.d.). https://extranet.acf.hhs.gov/rhymis/custom_reports.jsp. To obtain the ratio of individuals entering the program to those turned away, the figure obtained by running the report for TLP Turn Aways was divided by the figure obtained from BCP/TLP Entrance Reports: Gender (i.e., 4,070/8,045).

- Center for Educational and employment opportunities for youth. Data compiled by the National Center for Education Statistics show that higher levels of education are associated with greater income earning potential among adults between the ages of 25 and 34.26 In 2009, the average annual income among full—time workers who had not completed their secondary education was \$21,000 compared to \$30,000 among those who had a high school diploma/GED. Thus, the lack of a high school diploma/GED impacts individuals' employability, earning potential and overall ability to achieve financial self—sufficiency. Nevertheless, 75% of individuals who had completed their secondary education credentials prior to entering the Crisis Center were unemployed. The high rates of unemployment among the youth served by Covenant House Washington is consistent with the rate of unemployment among 16–21 year olds in the District, specifically in Wards 7 and 8. In 2008, 38% of 16–21 year olds in Wards 7 and 8 were unemployed.²⁷ By 2010, this percentage had increased to 72%.²⁸ Hence providing funding to support employment and vocational training programs in this environment is not enough to address the growing rates of unemployment among youth. Without employment and subsequent earnings, these young people's ability to obtain and maintain safe, affordable housing is limited, at best.
- Recognize and address the mental health needs of youth transitioning into adulthood. Prior research has shown that the onset of adult mental health disorders is most likely to occur during young adulthood. Young people with such disorders face additional challenges which impact their ability to successfully complete the transition to adulthood. However, according to a 2008 report by the Government Accountability Office (GAO), there are no federal programs that specifically address the mental health needs of 18–26 year olds. One in three youth served by the Crisis Center had been diagnosed with a mental health disorder. Compared to their peers, these individuals were more likely to identify needing educational supports and employment assistance. Furthermore, 62% of these individuals indicated they had used marijuana within the last 12 months, thus underscoring the need to examine the prevalence of co–occurring disorders among this population as well as their access to behavioral health care.

Page 23

Covenant House Washington

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²⁶ Aud, S., Hussar, W., Kena, G., Bianco, K., Frohlich, L., Kemp, J., Tahan, K. (2011). The condition of education 2011 (NCES 2011–033). Washington, DC: U.S. Department of Education, National Center for Education Statistics.

²⁷ U.S. Census Bureau. (2009). Table B23001: Sex by age by employment status for the population 16 years and over. In 2008 American Community Survey. Washington, DC: Author. In 2008, 22% of the District's 16–21 year olds were unemployed.

²⁸ U.S. Census Bureau. (2011). Table B23001: Sex by age by employment status for the population 16 years and over. In 2010 American Community Survey. Washington, DC: Author. In 2010, 43% of the District's 16–21 year olds were unemployed.

²⁹ Kessler, R. C., Berglund, P., Demler, O., Jin, R., Merikangas, K. R., & Walters, E. E. (2006). Lifetime prevalence and age—of—inset distributions of DSM—IV disorders in the national comorbidity survey replication. Archives of General Psychiatry, 62(6), 593—603. Pottick, K. J., Bilder, S., Stoep, A. V., Warner, L. A., & Alvarez, M. F. (2008). US patterns of mental health service utilization for transition—age youth and young adults. *Journal of Behavioral Health Services & Research*, 35(4), 373—389.

³⁰ U.S. Government Accountability Office, GAO. (2008, June). Young adults with serious mental illness (Publication No. GAO-08-678). Retrieved from http://www.gao.gov/new.items/d08678.pdf

APPENDIX

Figure A: Contributing Factors Related to Homelessness (multiple responses allowed) (N=98)

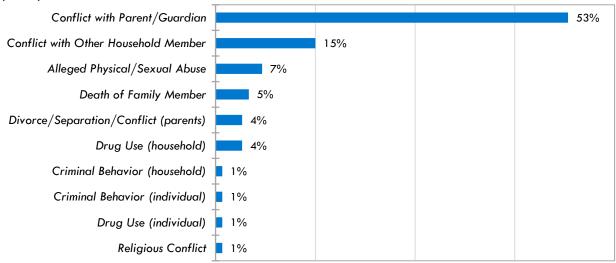


Figure B: Reasons for Seeking Entry to the Crisis Center (multiple responses allowed) (N=118)

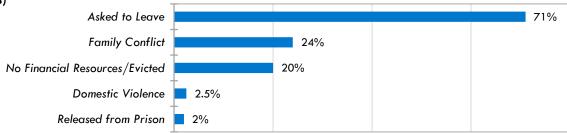
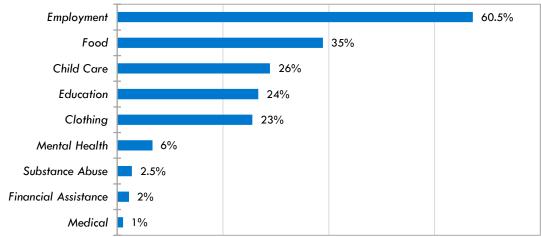


Figure C: Self-Identified Needs³¹ (multiple responses allowed) (N=119)



 $^{^{31}}$ The sample size for Child Care only includes parenting youth (n=42).

